

County of San Bernardino
Clerk of the Board of Supervisors
385 N. Arrowhead Avenue, 2nd Floor, San Bernardino, CA 92415-0130
(909) 387-3841 Fax (909) 387-4554
Internet: www.sbcounty.gov/cob/



APPLICATION FOR
JUNK DEALER, SALVAGE COLLECTOR, PAWNBROKER OR SECONDHAND DEALER
BUSINESS LICENSE

Type of Business: <input type="checkbox"/> Junk Dealer <input type="checkbox"/> Salvage Collector <input type="checkbox"/> Pawnbroker <input type="checkbox"/> Secondhand Dealer				
Applicant's Name _____				
Mailing Address: _____				
City: _____		State: _____		Zip: _____
Telephone Number: () - _____		Date of Birth: _____		Place of Birth: _____
Hair Color: _____		Eye Color: _____		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

Business Name: _____		
Business Address: _____		City: _____ Zip: _____
Location (Cross Streets): _____		

If Corporation, date articles were filed in County Clerk's Office: _____				
If Company or Partnership, date Certificate of Fictitious Name filed in County Clerk's Office: _____				
Names of others operating under this Business License (please list below): _____				
Name: First: _____	Last: _____		_____	
Address: _____	City: _____	State: _____	Zip: _____	
Name: First: _____	Last: _____		_____	
Address: _____	City: _____	State: _____	Zip: _____	
Name: First: _____	Last: _____		_____	
Address: _____	City: _____	State: _____	Zip: _____	

I, the undersigned, hereby declare that I have carefully read the Sections of the San Bernardino County Code relating to this business; that I understand it thoroughly and will carry out every provision thereof; that to the best of my knowledge, I have complied with all regulations as outlined. I further state that the statements and answers contained in this application are true to the best of my knowledge and belief, knowing that any false statement will be sufficient cause for denial or revocation of said license. I declare under penalty of perjury that the foregoing is true and correct.

Date: _____ Signature: _____

County Use Only

For those applicants having a fixed place of business, approvals are required from the departments listed below. These departments may require fees in addition to those fees required by the Clerk of the Board of Supervisors.

Planning (Code Enforcement) (909) 387-4044			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____	Date: _____
Building & Safety (909) 387-8311			
Recommendation: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments: _____	
Signature: _____		Title: _____	Date: _____

County Use Only

CLERK OF THE BOARD OF SUPERVISORS

<u>LICENSE FEES</u>			
<u>License Type:</u>	<u>Initial Application Fee:</u>	<u>Initial License Fee:</u>	<u>Annual Renewal Fee:</u>
<input type="checkbox"/> Junk Dealer	<input type="checkbox"/> \$72.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$190.00
<input type="checkbox"/> Salvage Collector	<input type="checkbox"/> \$72.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$190.00
<input type="checkbox"/> Pawnbroker	<input type="checkbox"/> \$72.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$190.00
<input type="checkbox"/> Secondhand Dealer	<input type="checkbox"/> \$72.00	<input type="checkbox"/> \$190.00	<input type="checkbox"/> \$190.00

Date Received: _____	Accepted By: _____
Receipt #: _____	Deputy Clerk of the Board of Supervisors
Date Received: _____	Accepted By: _____
Receipt #: _____	Deputy Clerk of the Board of Supervisors
Date Received: _____	Accepted By: _____
Receipt #: _____	Deputy Clerk of the Board of Supervisors

Date Sent to Sheriff's Department: _____	New <input type="checkbox"/>	Renewal <input type="checkbox"/>
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<i>Sheriff's Department</i>			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____
<i>Board of Supervisors (New Applicants Only)</i>			
Recommendation:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Comments: _____
Signature: _____	Title: _____		Date: _____

All fees are non-refundable – Please make checks payable to Clerk of the Board.

- Explain to Salvage Collectors that this license does not cover the entire County. It would only authorize collection in the unincorporated areas.
- All pawnbrokers and some secondhand dealers must have a state license and should contact the Sheriff's Department for further information.
- Departmental sign-offs/BOS approval are ***not*** required for licenses renewing timely.